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Best uilable Copy

As a below named inventor, I heret, My residence, post office address and tor (if only one name is listed below) which is claimed and for which a pate INFORMATION SYSTEM FOR	citizenship or an origin nt is sought	are as stated below next t al, first and joint inventor on the invention entitled:	(if plur COMI	at invent PUTER	tors are AID	named belo ED MAINT	w) of th	ie subject matter	
the specification of which is attached hereto or was filed on						as Application Serial			
No and was amended on						(if applicable).			
I have reviewed and understand the coreferred to above. I acknowledge the ance with Title 37, Code of Federal R of any foreign application(s) for pate for patent or inventor's certificate have Prior Foreign Application(s)	duty to dis legulations, ent or inven	close information which i \$1.56(a). I claim foreign tor's certificate listed bel	s mater priority ow and	ial to th benefit have als	e exam is unde so iden	ination of th r Title 35, U tified below	nis appli nited St any fo	cation in accord- ates Code, §119	
		TION WHATER DATE		DATEO	E OF FILING		PRIORITY CLAIMED UNDER 35 U.S.C. 119		
COUNTRY APPLIC.		ATION NUMBER DAT		DATEO	PILII	10	Yes No		
					 			No	
I claim the benefit under Title 35, I subject matter of each of the claims oby the first paragraph of Title 35, Ur Title 37, Code of Federal Regulations PCT international filing date of this ap	of this appli lited States li, §1.56(a)	cation is not disclosed in Code. §112. I acknowled	the pric	or United duty to	d State disclos	s application se material is	in the informat	manner provided ion as defined in	
APPLICATION SERIAL NO.		DATE OF FILING				ST	ATUS		
		`			□ Pate	nted □ Pe	ending 🗆 Abandoned		
					□ Pate	nted 🗆 Pe	nding	☐ Abandoned	
send correspondence to: William C. Milks, III, 4746 Woodview Drive Santa Rosa, CA 95405	William C. Mill Reg. No. 28,445						phone number)		
FULL NAME Last Name	L NAME Last Name First			irst Name			Middle Name or Initial		
INVENTOR Sandifer RESIDENCE City		Michael	Michael State or Foreign Country			A. Country of Citizenship			
R CITIZENSHIP Millbrae		California				U.S.A.			
POST OFFICE Post Office Address	Dr #42	City Millbrae	city Millbrae			ountry		21p Code 94030	
ADDRESS 395 Vallejo Dr. #42 FULL NAME Last Name OF		First Name	1			CA 94030 Middle Name or Initial			
INVENTOR		State or Foreign Country				Country of Citizenship			
CITIZENSHIP		City		St	State or Country		Zip Code		
ADDRESS									
FULL NAME Last Name OF INVENTOR		First Name				Middle Name or Initial			
RESIDENCE City	State or Foreign Country	State or Foreign Country			Country of Citizenship				
POST OFFICE Post Office Address ADDRESS	city	City State or			Country Zip Code				
I further declare that all statements belief are believed to be true; and furt like so made are punishable by fine such willful false statements may jeop Signature of Inventor 201	her that the or imprison pardize the	ese statements were made ment, or both, under sec	with the tion 100	ne know 01 of Ti patent	rledge itle 18 issuing Signatur	that willful to of the Unite	false sta ed State	tements and the	
WAZ 16 1225	Date				Date				